



Foster Care Application

1925 S. Tamiami Trail, Venice FL 34293 🐾 941.492.6200

TELL US ABOUT YOURSELF:

| | | |
|-----------------|-------------|---------------------|
| Name: | | Spouse/Partner: |
| Street Address: | | City/State/Zip: |
| Phone-Home: | Phone-Cell: | Phone-Work: |
| Email: | | Driver's License #: |

TELL US ABOUT YOUR CURRENT PETS:

| | | | |
|------------|---|------------|---|
| # of Dogs: | Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No | # of Cats: | Spayed/Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other: | | | |

TELL US ABOUT WHERE THE FOSTER CAT/KITTEN WILL STAY:

| | | |
|--|--|-------------------|
| Do you Own or Rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent | If Rent, please provide copy of your lease. | |
| # of Adults: | # of Children: | Ages of Children: |
| Does anyone have allergies to cats? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, how severe? | |
| Do the adults in the household work outside the home? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how long would the foster cat/kitten be left alone during the day? | |

TELL US ABOUT YOUR FOSTERING PREFERENCES and EXPERIENCE:

| | |
|---|------------------------------------|
| Are you able to foster year-round? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, when are you not available? |
| What types of cats are you interested in fostering? <input type="checkbox"/> Pregnant cat <input type="checkbox"/> Mother cat and kittens (0-6 weeks) <input type="checkbox"/> Kittens (6 weeks or older) <input type="checkbox"/> Senior cat <input type="checkbox"/> Cat with special needs <input type="checkbox"/> Cat recovering from illness or injury <input type="checkbox"/> Cat with FIV/FIP/FELV | |
| Do you have fostering experience? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe: |

By signing this application, I agree and understand that:

- I must be 21 years of age or older and provide photo ID.
- I must provide proof of home ownership (property tax record) or lease showing pets allowed.
- Approval is contingent upon a home visit by a St. Francis representative.

Signature of Applicant: _____

Date: _____

For Office Use

Foster Counselor: _____

Residence Verified: Property Tax Lease Other _____

Foster Approved: Yes No If No, please explain: _____

Submit completed form to: St. Francis Animal Rescue, 1925 S. Tamiami Trail, Venice FL 34293 - or - Email sfarvenice@gmail.com